

Public Health Field Experience

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THERE is general agreement among persons concerned with the education of public health personnel that their preparation should include a period of field experience as well as academic training. There are a number of schools which provide good academic training, including the 9 schools of public health and the 31 schools which offer accredited programs of study in public health nursing. In contrast with the fairly extensive academic resources, satisfactory field training facilities for public health personnel and professional students are extremely limited.

For the purpose of this discussion, field experience will be divided into three types. The first is provided concurrently with and is coordinated with the academic courses of the professional school. This experience may be through observation, limited program participation, or a combination of both. It provides the student with an opportunity to observe and to make prompt practical application of information gained through classroom work. The area used serves as a field laboratory for faculty and students, and should be located near the school. The second type of field experience consists of periods of observation and orientation planned for visitors, students, or newly employed personnel. Recipients of this type usually do not participate in the program. It would seem advisable for each state to have facilities with which to provide this experience. The third type of training is supervised field work. This paper is concerned for the most

part with this kind of experience.

"Supervised field work for public health students" is a phrase used to describe a learning experience planned for students whereby they become supplementary health department staff members, assume responsibility, and participate in the program, but work under supervision. Students are assigned to the agency by the professional school for a specified period of time. It is comparable to the internship required for medical graduates. Such experience is a requirement of the 31 professional schools which provide accredited programs of study in public health nursing and of one school of public health for health education students preparing for the Master of Public Health degree. Other schools preparing public health personnel usually advise such experience although it is not as yet a degree requirement. In a few areas attempts have been made to provide supervised field work concurrently with the academic courses. This is generally not practical, because the field training facilities adjacent to the school can supply satisfactory experience for only a small number of students and because it is difficult for the official agency to assign real responsibility to students working on a part-time basis. For these and other reasons to be discussed it is believed that field work concurrent with academic work should be provided but that it should not take the place of the "block of full time" or internship type of supervised field experience.

MICHIGAN COMMUNITY HEALTH PROJECT FIELD TRAINING CENTER *

The Michigan Community Health Project, initiated in 1930, is a coöperative undertaking of the W. K. Kellogg Foundation with state and local agencies, and the people of seven counties in southwestern Michigan. During the early years of the project, many types of continuing education courses and workshops were provided; one of the objectives of these was to develop professional and lay leadership and to motivate persons to study and to take part in the solution of their own problems. Frequently such educational procedures were carried on in coöperation with professional schools and universities. As the various programs were developed, such schools encouraged selected graduate students to visit the area in order that they might observe and take part in the various community activities. The number of students seeking such experience increased rapidly and it soon became evident that there was a real need for field training

W. K. Kellogg Foundation took the initiative in developing a field training center for public health personnel and students in the seven counties of the Michigan Community Health Project.

The development of the present programs of the Field Training Center has been an evolutionary process. The experience with students during the early years served as a basis for establishing administrative patterns and standards, and for developing learning experiences to meet the individual needs of professional students. By 1937, programs had been developed for public health administrators, public health nurses, and public health engineers. Since that time field experiences have been arranged for dentists, health educators, hospital administrators, and veterinarians. For the nine fiscal years ending August 31, 1945, a total of 445 public health students have had 8,002 weeks of supervised field work, or an average of 18 weeks each. The number of weeks by type of professional student will be found in Table 1.

TABLE 1
Michigan Community Health Project Field Training Center

Students	Weeks of Supervised Field Work by Fiscal Years											Average per Fellow
	Number	1936-1937	1937-1938	1938-1939	1939-1940	1940-1941	1941-1942	1942-1943	1943-1944	1944-1945	Total	
P. H. Physicians	16	35	169	192	299	39	1	0	3	82	820	51
P. H. Dentists	4	0	0	59	56	61	0	0	0	0	176	44
P. H. Nurses	199	0	13	620	211	303	304	348	655	377	2,831	14
P. H. Engineers	181	96	1,070	1,108	768	340	108	0	24	31	3,545	20
P. H. Educators	30	0	0	0	0	0	0	0	70	209	279	9
Hospital Administrators	7	0	0	0	0	0	89	123	52	5	269	38
Veterinarians	8	0	0	0	0	0	0	0	0	82	82	10
Total	445	131	1,252	1,979	1,334	743	502	471	804	786	8,002	18

centers where professional schools could send their students to apply under supervision the theoretical knowledge which they had acquired during the academic years. This need was especially great in the field of public health, and after due consideration the

In addition to supervised field work, observation and orientation experiences were provided for large numbers of students, newly employed public health personnel, and distinguished visitors from the United States and abroad during this period. The total student weeks of all types of experience provided for the fiscal year ending August 31, 1945, will be found in Table 2. It

* Allegan, Barry, Branch, Eaton, Calhoun, Hillsdale, and Van Buren Counties

TABLE 2

Michigan Community Health Project Field Training Center Activities, 1944-1945

Profession	Supervised Field Work		Orientation Observation		Combined Total	
	Persons	Weeks	Persons	Weeks	Persons	Weeks
Physicians	2	82	23	29	25	111
Dentists	0	0	42	41	42	41
Nurses	42	377	48	51	90	428
Health Educators	20	209	36	28	56	237
Engineers	3	31	13	42	16	73
Veterinarians	8	82	0	0	8	82
Hospital Administrators	1	5	40	17	41	22
Total	76	786	202	208	278	994

will be noted that 278 persons were provided with 994 weeks of training. Of the total student weeks, 786 were of supervised field work and 208 were of observation and orientation experience.

The Field Training Center in this area is now a joint undertaking of the seven local health departments, Michigan Department of Health, the professional schools using the area, and the W. K. Kellogg Foundation. Representatives of these agencies plan the activities jointly. Programs are flexible, and the experience of each student is individualized on the basis of past experience, education, and needs. The student who comes into the area for supervised field work becomes a supplementary health department staff member. After a short period of health department and community orientation, he takes an active part in the program. At first his work is closely supervised, but as he becomes more experienced he requires less direct supervision and participates actively in the service program. The primary objective for the student is a good educational experience. To achieve this the agency staff and student must of necessity provide a high quality of community service.

The W. K. Kellogg Foundation thus far has assumed full financial responsibility for the teaching program of the field training center of the Michigan Community Health Project area. Now that such training has been recognized

as an essential part of the preparation of public health personnel, it is hoped that funds with which to provide field experience will be available from official sources. In this area the cost of field training is being determined. For example, it has been found that the weekly cost of supervised field work for public health nurses for periods not exceeding 12 weeks ranges from \$15 to \$25, depending upon the length of the experience, whether or not the field teacher supervises more than one student, and other factors. This figure does not include travel or living expenses of trainees. It should be pointed out, however, that after a short time the student begins to give independent service and usually becomes an asset to the program. Those students remaining for a period of more than 3 months require little more supervision than the average staff member. The most expensive field experience provided in this area is that of planned observation for foreign doctors of medicine. It averages \$80 per week.

The amount of funds necessary to administer the student program is estimated by the county director of health on the basis of personnel costs, student quotas, and other factors, and the W. K. Kellogg Foundation makes an annual grant directly to the county health department for this purpose. The W. K. Kellogg Foundation is also assisting a limited number of other states in extending their field training facilities.

In such states the grant is made to the state department of health to be allocated to the local field training area.

DISCUSSION

The extent of field training facilities in the United States is unknown at present and the total need has not been determined. An unpublished study* for the year 1941 revealed that a total of 533 public health students received supervised field work. This number utilized all of the desirable field training facilities available at that time. The professional schools in need of field training facilities for their students include the previously mentioned 9 schools of public health and the 31 schools providing accredited programs in public health nursing. In addition, schools of medicine, dentistry, basic nursing education, engineering, hospital administration, and veterinary medicine each year request field experience for selected students. For example, 27 schools of engineering have sent students to the Michigan Community Health Project field training center for supervised field work. With the increased number of public health personnel to be trained in the immediate post-war period, it is obvious that there is an insufficient number of field training facilities at present.

From the experience in Michigan and elsewhere it would seem that the place selected for a generalized field training program for inexperienced public health students should represent a typical cross-section of the area in which they expect to work. The first experience usually should be with an official agency. In the case of the nursing student it should provide an opportunity for her to make the transition from hospital to public health nursing through the use of her bedside skills. Unfortu-

nately this is not possible at present for the majority of students, because most official agencies have not yet accepted the responsibility for bedside nursing, and it becomes necessary for inexperienced nursing students to have their first experience with visiting nurse associations.

The health department staff should be adequate in number and preparation to care for both the service and the teaching programs. It has been demonstrated that in order to maintain a good service program in the average community there should be a minimum of (1) a qualified medical health officer, (2) one nurse of supervisory level for 5 to 10 staff nurses, (3) one staff nurse per 5,000 people, (4) one public health engineer per 25,000 persons, and (5) a health educator for units of 50,000 population or more and for units used as field training centers. For the larger population units additional medical personnel will be needed. Also one nurse per 5,000 population will not be sufficient if more than demonstration bedside nursing is planned. The experience in the Michigan Community Health Project area indicates that field teachers should be selected from the service staff on the basis of demonstrated teaching ability. The staff member will be able to give less service to the community while engaged in field teaching; therefore, the size of the staff should be increased sufficiently to compensate for the time given to the student program.

The staff members of a health department in an area used for a student program should be selected with care. They should be qualified by education and experience, and they should be mature, emotionally stable, and sensitive persons. It should be remembered that the health officer may administer an effective service program and yet be unsuccessful with a student program. Likewise, a public health nurse may

* McGavran, E. G. Preliminary Data on Rural Field Training Centers.

provide an excellent generalized service for her district but may not have the necessary qualifications for the guidance of students.

The basic program of the health department should be well planned and developed. For example, it would be unwise to assign a young student for generalized experience to an area with excellent venereal disease and tuberculosis control activities, but with a poorly planned maternal and child health program. Such areas are suitable for mature individuals with previous generalized experience, but not for inexperienced students. Just as a young doctor should have his internship in a hospital where good medicine is practised so should the first experience for public health personnel and students be in an area where good public health is practised.

Field training areas should be approved formally on a national basis by some professional body very much as hospitals are approved for internships. It would seem logical that this should be the responsibility of the national societies of the various professional personnel or the American Public Health Association. The basic service and student program standards and health department staff qualifications should meet with the approval of the professional schools and official health agencies.

There is general agreement among persons active in the training of public health personnel that all types of students should have supervised field experience, but there is a difference of opinion as to how long the period should be for certain types. In the Michigan area the requested periods for supervised field experience range from six weeks to one year. It would seem that when the teaching of public health has been properly and sufficiently integrated into the undergraduate professional curricula, public health personnel

should receive their supervised field experience as first-level staff members or internes with health departments which have been approved as field training areas. This is impossible now, however, because of lack of a sufficient number of such areas. The internship type of experience has the added advantage that students receive sufficient salary with which to pay for living expenses while receiving supervised field work.

The general supervision and coordination of field training areas should be the responsibility of the state department of health assisted by the local health department and the professional schools using the area. This assumes that there should be state department of health personnel qualified for such responsibilities. The field teaching program should be planned jointly by state and local health departments and the professional schools. It should meet national standards as well as those of the professional schools. The field training program should be administered by the staff of the local health unit. The responsibility for coordinating field and academic programs should be delegated to one or more persons who would ordinarily be on the staff of the state department of health. In the Michigan Community Health Project area such persons are on the staff of the W. K. Kellogg Foundation. However, all programs are discussed regularly with representatives of the Michigan Department of Health. The plan used for coordinating academic and field work is similar for all types of students. The program coordinators visit the schools using the area, become familiar with the academic curricula, meet the students, and review their past experience, education, and future needs. As the coordinators know the resources of the area, it is possible for them to assign the students to the county and the field teacher best suited for their

individual needs. The coördinators continue to serve as resource persons to health department staff members while the students are in the area. A faculty member of the school usually visits the area while the students are in residence.

At present requests for supervised field work in the field training center of the Michigan Community Health Project area are directed to the W. K. Kellogg Foundation by the professional schools using the area. The procedure followed in certain states is for the professional schools to make all requests to the state department of health coördinators who in coöperation with the staff of the local unit assign students according to their needs.

The citizens of the United States have a vested interest in public health personnel. The education of such personnel is expensive. Professional schools know the approximate cost of academic training, but there are very few data available concerning the cost of providing field experience. As previously mentioned, a careful study is being made in the Michigan Community Health Project area to determine the cost of such training for each type of student. The results will be reported in the future.

Since the main source of the budget for academic education in state supported schools is tax funds, it would seem reasonable that such funds should also be made available for field training. It must be remembered, however, that professional schools usually provide training for public health personnel

from several states, and that it would not be fair to ask the citizens from one state to finance field experience for personnel who are to be employed elsewhere. For this reason it would seem that federal funds should be provided to pay for the major part of the field training of public health personnel. The administrative procedure for the allocation of federal funds to the local level for public health purposes is already established. Federal funds are granted to states which in turn reallocate them to local health departments for specific purposes. This same plan could be used for the distribution of funds by the U. S. Public Health Service to help provide field training facilities in the various states.

SUMMARY

One of the major problems now facing persons and schools interested in the education of public health personnel is that of providing satisfactory field experience. It is urgent that a comprehensive study of the entire problem be made. Some of the questions to be answered are: (1) What are the present field training needs and resources for public health personnel and students in the United States? (2) What are desirable standards for field training areas and how should they be established? (3) Should field training areas be approved nationally and, if so, by whom? (4) How should field training areas be administered? (5) How much does it cost to provide field training? and (6) Who should pay for field experience?